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APPLICATION NUMBER	- (a) - (b)	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER		
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	WANCE MAILED	CLAIMS ALLOWED				
NOTICE OF ALLOWANCE MAILED			Total Claims		Print Claim for O.G	
		Assistant Examiner	DRAWING			
Amount Due	Date Pald		Sheets Brwg.	Figs.Drw(	Print Fig.	
		Primary Examiner				
TERMINAL DISOLAIMEN		PREPARED PORTEROR		Highligh Braminer		
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